2015

Does Identification with the LGBTQ Community Impact Reintegration Experiences? Female Service Members' Perspectives

Jennifer Evans
University of St. Thomas, Minnesota

Does Identification with the LGBTQ Community Impact Reintegration Experiences? Female Service Members' Perspectives

Submitted by Jennifer Evans
May 2015

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/ University of St. Thomas School of Social Work in St. Paul, Minnesota, and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work
St. Catherine University & University of St. Thomas
St. Paul, MN

Committee Members:
Kari Fletcher, Ph.D., LICSW (Chair)
Charlotte McGrath, MSW, CSW-PIP
Sandra Laski, M.Ed., MSW, LICSW, ADCR-MN

Abstract

The purpose of this research was to examine the reintegration experiences of female service members who deployed in a Post 9/11 war and identify with the LGBTQ community. The study employed a mixed methods survey to gather information from two female service members regarding their identification with the LGBTQ community before, during, and after deployment as well as their challenges and supports post deployment. Reponses from the survey were analyzed and coded to develop themes. The themes that emerged included pre-coming out, coming out, and post coming out. These theme outlined how the coming out process aligned with the deployment experiences of participants. Participants consistently identified frequent challenges during reintegration in balancing multiple roles, relationships, and mental health as well as receiving support from military leadership, peers, and military and civilian organizations. Future research is needed to better understand this unique population and provide direction for policy and social work practice.

Acknowledgments

I want to express my gratitude for those that supported my work and the completion of this research project. First, I want to thank the women who participated in this study. I admire their strength and willingness to share their experiences despite the stigma which continues to exist. I also want to acknowledge and thank my research chair, Kari Fletcher, who provided me with guidance, gave me valuable insight, and supported me in times when I doubted my own abilities. I am also appreciative of the feedback and support provided by research committee. I appreciate the time spent reading drafts and their willingness to share their own professional experiences for continued guidance. Lastly, I want to thank my family. I am extremely thankful and appreciative to my parents and my husband's parents for their unwavering support and childcare they provided as I worked on this project. Finally, I cannot thank my husband and son enough. My husband provided me with encouragement when I hit difficult periods, allowed me any time I asked for to work on this project, and simply asked me what I needed. My son put things in perspective and made me smile and laugh whenever needed. I am extremely grateful to all of these people and could not have completed this project without each and every one of them.

Table of Contents

Does Identification with the LGBTQ Community Impact Reintegration Experiences? Female Service Members' Perspectives

Introduction

Following the attacks of 9/11, approximately 280,000 (Disabled Veterans of America, n.d.) female service members have been part of the more than 2.2 million service members that have deployed to combat operations in Iraq and Afghanistan (Institute of Medicine [IOM], 2013; Department of Veterans Affairs [VA], 2014a). Contrary to wars past, female service members are now serving in increasingly combat-related jobs ranging from piloting aircraft to manning machine guns (Tan, 2012; Williams, 2014). Changing specialty roles of women has resulted in unprecedented rates of both service and combat exposure (Williams, 2014; PewResearchCenter, 2012), and in light of policy that opens all military units and occupations to female service members by January 2016, the overall rates with which women will experience combat are anticipated to continue increasing (Manning, 2013).

As the experiences of females in the military expand, a specific area for further emphasis in research is the growing needs of female veterans. Female veterans, who currently account for approximately 10% of all veterans, are the fastest growing group within the veteran population (Office of Actuary, 2013). Furthermore, female veterans are expected to make up nearly 18% of the veteran population by 2040 (National Center for Veterans Analysis and Statistics, 2013). Within this population, approximately 11.6% are veterans of the wars in Iraq and Afghanistan (VA, 2014a). As veterans of these wars, longer and more frequent deployments have been required resulting in decreased time between deployments (Disabled American Veterans, n.d.). This creates a heavy burden

that is amplified among women as they traditionally serve in spouse, parent, and caregiver roles in their citizen life (Disabled American Veterans, n.d.).

Although the role of women in the military is evolving, little research on this topic is available. Because most research to date examining the effects of combat exposure has either focused mostly or exclusively upon men (Goldzweig, Balekian, & Shekelle, 2006), it does not directly contribute to better understanding the effects of women's experiences or their relevance to women (Street, Vogt, & Dutra, 2009). Historically, studies of female veterans have held an observational or descriptive focus of military experiences (Goldzweig, et al, 2006). However, with the increasing role of women in combat, research efforts are improving with more research regarding female service members published between 2004 and 2008 than in the previous 25 years combined (Health Services Research and Development, 2014). Currently, research that addresses effects of deployment upon women focuses on four areas: interactions of physical and mental health; unique risks and outcomes of military service; barriers to care; and utilization of available resources (Yano et al., 2009). With the recent increase in returning female veterans, research studies have begun to emerge which examine the needs and experiences of women deployed in Post 9/11 conflicts (Yano et al., 2009).

While a larger body of research that examines the general female service member population has begun to emerge, little research pertains specifically to members of the military community who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) (Goldzweig, et al., 2006). In fact, information regarding women service members who identify as part of the LGBTQ community has not been available until recently for multiple reasons. Health research regarding the general LGBTQ population

is challenging for researchers due to the small representation of the LGBTQ population among the U.S. population, the reluctance to answer questions pertaining to sexual behavior and gender non-conformity, and the complexity of concepts regarding sexual orientation and gender non-conformity being difficult to operationally define (Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine, 2011). Further complicating research among the military population is the *Don't Ask Don't Tell* policy which was put in place in 1993 and only recently repealed in 2010 (Klapper, 2013). While this policy was in place, *Don't Ask Don't Tell* facilitated the discharge of approximately 14,500 homosexual service members who served openly in the military (Daniel, 2012, as cited by Servicemembers Legal Defense Network; Klapper, 2013).

Against expectations, the repeal of the *Don't Ask Don't Tell* policy has resulted in little change in the public acknowledgment of identification with the LGBTQ community (Daniel, 2012). With the ability of service members to openly serve, it is now estimated that one million veterans identify as lesbian, gay, and bisexual (Department of Veterans Affairs, 2014b). Furthermore, more than 36,000 gay men or lesbians are serving on active duty and likely up to 87,000 in reserve components (Department of Veteran Affairs, 2014b). Women service members represent a significant portion of these statistics as lesbian and bisexual women in same-sex relationships are twice as likely to serve in the military as other women and it is estimated they make up 6.2% of the military force (Gates, 2010).

Female service members who identify as part of the LGBTQ community relate to their female counterparts in the unique challenges of female military service. When compared with male service members, female service members face higher unemployment rates, are more likely to be victims of military sexual trauma and harassment, and more likely to be seen at the VA for mental health concerns, which most commonly consist of major depression, posttraumatic stress disorder, and anxiety disorders (Frayne et al., 2014; IOM, 2013; U.S. Department of Labor, 2014). Furthermore, research suggests female service members who identify as part of the LGBTQ community face even greater challenges (Blosnich, Mays, & Cochran, 2013). When compared to heterosexual veterans and lesbian and bisexual women in the general population, lesbian and bisexual female veterans report experiencing more frequent mental distress, sleep problems, smoking, and poorer physical health (Blosnich et al., 2013). Within the year following their service, they reported more sexist events than heterosexual females and, throughout their lifetime, significantly higher rates of suicidal ideation and more suicide attempts than heterosexual veterans (Lehavort & Simpson, 2014; Blosnich, et al, 2014).

While the unique needs associated with belonging in the LGBTQ community can be seen in literature it remains unaddressed within professional healthcare settings (Simpson, Balsam, & Cochran, 2013). Lesbian and bisexual female veterans face barriers in utilizing formal support systems, such as the Veteran's Health Administration (VHA), related to both their sexual orientation and gender. Thirty-seven percent of gay, lesbian, and bisexual veterans report their VHA provider did not know their sexual orientation and, of those who felt their sexual orientation was definitely or possibly

known, 43% indicated sexual orientation-related issues were rarely, if ever, discussed (Simpson et al., 2013). Among gay, lesbian, and bisexual veterans utilizing VHA services, facilities were seen as unwelcoming with specific services of individual counseling, general outpatient medical care, and dental care being avoided due to concerns about LGBTQ stigma (Simpson et al., 2013). In conjunction with issues of the LGBTQ community, female service members who identify as part of the LGBTQ community also face barriers related to their gender as 40% of female veterans who identified the need for services never sought out services and, of those who sought out service, only half used a facility within the VHA system (Owens, Herrera, & Whitesell, 2009). Women have identified barriers to utilizing VHA care as long wait lists, bad experiences (civilians not understanding and the facility not being gender sensitive), and feeling their aliments are unworthy of VA care (Mattocks, Haskell, Krebs, Justice, Yano, & Brandt, 2012; Owens et al., 2009).

Currently, three efforts are being made to provide better care for service members who identify as lesbian, gay, and bisexual within the VA. First, LGBTQ inclusion initiatives have been started at more than 500 VA health care facilities to promote a more welcoming and inclusive environment for LGBTQ veterans (Office of Health Equity, 2013). Second, LGBTQ program coordinators have been developed at the headquarters level as well as LGBTQ Special Emphasis Groups to assist in increasing LGBTQ awareness, cultural competency, and community outreach to assist with these initiatives and new policies (Office of Health Equity, 2013). Third, support groups have been developed for LGBTQ veterans which are of specific benefit to female veterans who

prefer to utilize other female veterans for support (Department of Veterans Affairs, 2014c; Mattocks et al., 2012).

Veterans can benefit from collaboration with social workers before, during, and following deployments. Social workers are an invaluable resource to provide coordination of care, advocacy, and referrals to or assistance in navigating a complex system of benefits within both the military and civilian worlds. In order to effectively work with those in the veteran population, social workers must understand and be sensitive to the individualized needs of veterans. This is especially true for female service members who identify as part of the LGBTQ community who, as a minority population, need increased support and understanding due to the unique experiences and challenges faced.

Much of the existing research literature that highlights the effects of deployment is hetero-normative and male-focused in nature. However, both LGBTQ individuals and female veterans are emerging as more visible populations within the military. The literature suggests that both groups face unique stressors and challenges associated with deployment and reintegration when compared to the general military population. The primary purpose of this paper is to gain a deeper understanding of the reintegration experiences of female service members who identify as part of the LGBTQ community following deployment to a Post 9/11 war.

Literature Review

The purpose of this study is to examine the experiences of female service members of Post 9/11 wars who identify with the LGBTQ community. The literature review will provide a summary of related research. First, research depicting the unique reintegration experiences of female veterans of Post 9/11 will be summarized. Second, an overview of the history and impact of the *Don't Ask Don't Tell* policy will be provided. Third, studies related to the unique experiences of female veterans who identify as part of the LGBTQ community will be summarized. Fourth, the utilization of resources by females who identify as part of the LGBTQ community as well as female service members in general will be depicted.

Female Veterans of Post 9/11 Wars

Post 9/11 wars are unique from previous conflicts in the number of *invisible wounds,* such as mental health and cognitive impairments, beginning to emerge. Unique outcomes of this war have been attributed to three things: 1) changes in military operations, such as increases in the number and length of deployments; 2) higher numbers of service members surviving wounds of war; and 3) increased prevalence of traumatic brain injuries when compared with previous wars (Tanielian & Jaycox, 2008). Further setting Post 9/11 wars apart is the evolving role of women as they enter new areas of specialization, particularly those that involve combat roles. A female *veteran* is defined as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable" (Pension, Compensation, and Dependency and Indemnity Compensation, 2014) while the term *service member* encompasses all individuals who enter military service. When compared

to women of previous wars, female veterans of Post 9/11 wars are experiencing higher incidences of injury, witnessing of killing and dying in increased numbers, and killing others at increased rates during their service (Carney, Sampson, Voelker, Woolson, Thorne, & Doebbeling., 2003; Maguen, Luxton, Skopp, & Madden, 2012). These experiences have resulted in women needing greater support during *reintegration*, or re-entering family life and civilian communities following deployment (Department of Defense, 2013).

While the military provides a simple definition of reintegration, reintegration is much more complex to service members and their families (Department of Defense, 2013). Although the majority of service members are able to adjust well to life following deployment, 44% report difficulties (IOM, 2013). During reintegration service members face both short and long term challenges related to physical, psychological, economic, and social functioning. The extent of such challenges is a result of the interaction of multiple and complex factors within each functional domain. For example, a female service member might experience challenges related to parenting, housing, and employment while adjusting to civilian life during reintegration.

As a result of challenges for female service members during reintegration, the VA has identified female veterans' health and health care as a high priority topic in research (Bean-Mayberry et al., 2011). Studies of female service members have both grown and shifted in focus from observational or descriptive (Goldzweig et al., 2006) to a more analytical focus (Bean-Mayberry et al., 2011). Not only has research specific to female veterans evolved, but research specific to Post 9/11 wars in general has shifted. Studies

of previous conflicts, such as the Vietnam and Gulf War, were conducted in the years following a service member's return home, but Post 9/11 research has studied service members throughout the *deployment cycle* (Tanielan & Jaycox, 2008), or during pre-deployment, deployment, post-deployment, and reintegration (Department of Defense, 2013).

Research studies have revealed that the military and civilian roles held by women cause them to experience deployment and reintegration differently than their male counterparts (Disabled American Veterans, n.d.). Female service members are substantially younger than their male counterparts (Frayne et al., 2014) and more likely to utilize physical and mental health resources (Frayne et al., 2014). Females are also less likely to be married (Patten & Parker, 2011), and more likely to be a single parent (Disabled American Veterans, n.d.), contributing to increased levels of interpersonal stressors while serving (Fontana et al., 2010; Vogt et al., 2011) and lower social support upon returning to civilian life (Fontana, 2010; Vogt et al., 2005). These variables create greater challenges for women during reintegration and place them at greater risk for unemployment and homelessness upon returning home (Disabled American Veterans, n.d.).

In one study, Demers (2013) examined the challenges of reintegration among a diverse group of female veterans of Post 9/11 wars. Seventeen female veterans were recruited through informal methods in both civilian and military settings to share their experiences in focus groups (Demers, 2013). Results revealed participants struggled with four things: 1) fighting two wars during deployment, in combat and in finding their place as a female in a masculine culture; 2) feeling changed and a sense of loss of the person

who they were prior to deployment; 3) difficulty reconnecting with family and friends during reintegration; and 4) challenge renegotiating their gender and identity during reintegration (Demers, 2013). Throughout the results of this study female participants emphasized the role their gender played in the challenges faced during deployment and reintegration experiences.

Similar to the works of Demers (2013), another study by Rivers, Gordon, Speraw, and Reese (2013) studied the challenges of reintegration among female service members. However, Rivers and colleagues (2013) focused specifically on the experiences of female nurses (n = 22) on *active duty* (full-time military) who lived on one of two military bases studied (National Center for PTSD, 2012). Nurses participated in qualitative interviews. Participants consistently described five themes: 1) returning to a lack of command support; 2) participating in reintegration activities which were unfocused and performed with an emphasis on getting them over with as quickly as possible; 3) experiencing permanent change as a person resulting from deployment; 4) feeling others were unable to understand their experiences; and 5) experiencing significant stress associated with returning to their home environment, including overwhelming feelings related to the combination of family, living situation, and work responsibilities; difficulty multi-tasking and decision making; and difficulty finding where they belong in a noncombat environment (Rivers et al., 2013).

Females Who Serve in Reserve Components

In addition to examining experiences specific to active duty female veterans, it is also important to consider how reintegration effects members of reserve components. In addition to their active duty role, women make up 19.5% of United State Reserve service

members and 15.5% of National Guard service members (Department of Defense as cited by Military Women in Service for America Memorial Foundation, Inc., 2011). The *National Guard* and *United States Reserves* are reserve components who train one weekend a month and two weeks a year to augment the active duty military. While the National Guard and United States Reserves are similar in many respects, the United States Reserves is controlled federally while the National Guard is controlled at the state level unless a deployment occurs (Kapp & Torreon, 2012). The findings of Lane, Hourani, Bray, and Williams (2012) revealed that despite similar or less stressors reported among reservists during reintegration, deployment has a greater impact on reservists as they experience higher rates of suicidal ideation and attempts and a higher prevalence of PTSD. These outcomes may be attributed to the unique challenges reservist face in returning to a fully civilian lifestyle, including isolation from military peers, less military support, and loss of a common purpose (Doyle & Peterson, 2005).

The burden of assisting in the successful reintegration of reservists is shouldered by families, communities, and the closest VA (Doyle & Peterson, 2005). To better understand reintegration experiences specific to female reservists, Kelly, LaVerne, and Nilsson (2014) interviewed female National Guard members ($n = 42$) regarding their family reintegration experiences. Findings revealed five themes among female participants: 1) felt life is more complex; 2) experienced a sense of loss regarding their military role; 3) felt deployment changed them; 4) experienced difficulties reestablishing partner connection; and 5) felt overwhelmed being mom again (encompassing challenges related to developmental changes in children, the amount of attention children warrant, and addressing the problems children have due to separation from their parent) (Kelly et

al., 2014). These findings are consistent with themes within both the general female veteran and active duty female samples previously presented (Demers, 2013; Rivers et al., 2013).

Don't Ask Don't Tell

Historical Overview. In addition to policy changes impacting the service of female veterans, individuals who identify as part of the LGBTQ community have also been impacted by changing military policies. The military placed restrictions on the service of homosexual members for decades (The Washington Post, 2010). Restrictions formally began in 1950 when President Harry S. Truman signed the *Uniform Code of Military Justice*, the basis of military law in the United States (Uniform Code of Military Justice, 2014), setting up discharge rules for homosexual service members (The Washington Post, 2010). President Ronald Reagan emphasized restrictions in 1981 on the concept that "homosexuality is incompatible with military service" (The Washington Post, 2010).

Not until the early 1990s did a shift towards equality occur with President Bill Clinton campaigning on promises to lift the ban (The Washington Post, 2010). The ban prohibiting homosexual conduct remained in place but in 1993 President Bill Clinton issued a defense directive that military applicants should not be asked about their sexual orientation, later becoming known as *Don't Ask Don't Tell* (The Washington Post, 2010). Congruent with this policy change, 1993 also marked the beginning of an evolution towards more acceptance of homosexuality among service members (Frank, 2010). In 2003, President Clinton called for an end to *Don't Ask Don't Tell* (The Washington Post, 2010) in line with Massachusetts becoming the first state to legalize gay marriage in 2004 (PBS, n.d.). The ban was lifted in December 2010 and individuals who identified as

lesbian, gay, and bisexual were allowed to openly serve in the military (The Washington Post, 2010). Although military leaders found the repeal had little to no impact on service members, lesbian, gay and bisexual troops described the repeal as "life changing" as the significant stress of carrying such a secret was lifted and service members had the opportunity to bond with peers over personal information (Daniel, 2012). However, service members were slow to act on such opportunities due to the significant stigma which exists within military culture (Daniel, 2012).

Impact of *Don't Ask, Don't Tell*. While the *Don't Ask Don't Tell* policy was created to protect the homosexual community (Bowling, Firestone, & Harris, 2005), it had negative implications for all service members. During 2004 and 2005, Cochran, Balsam, Flentje, Malte, and Simpson (2013) examined the mental health characteristics of lesbian, gay, and bisexual service members who served under *Don't Ask Don't Tell*. An online survey was used to gather data from 409 lesbian, gay, and bisexual veterans. Results from the study revealed that concealment of sexual orientation was associated with high rates of depression, PTSD, alcohol use, and suicidal thoughts and behavior among service members who identified as homosexual (Cochran et al., 2013).

Along with service members who identify with the LGBTQ community, the *Don't Ask Don't Tell* policy has also impacted service members who identify as heterosexual. Bowling and colleagues (2005) examined data from a 2000 survey of 74,570 service members conducted by the U.S. Department of Defense. The survey was designed to assess service member awareness of harassment based on perceived sexual orientation. The results of this study revealed that harassment was known to a high percentage of service members in all ranks and across all branches (Bowling et al., 2005). The study

concluded that the concealment of sexual orientation under the *Don't Ask Don't Tell* policy allowed heterosexual service members to rely on stereotypes to identify homosexual service members perpetuating negative attitudes and contributing to harassment incidents (Bowling et al., 2005).

While research literature historically suggests many negative implications for service members who identify with the LGBTQ community, more current research studies suggests the beginning of changing attitudes. When examining attitudes regarding *Don't Ask Don't Tell*, Moradi and Miller (2010) examined data from an online poll developed for general survey purposes (not for a particular issue or subpopulation) by Zogby International. The poll included 545 U.S. Service members who had served in Post 9/11 wars (Moradi & Miller, 2010). Analysis of data revealed declining support for the *Don't Ask Don't Tell* policy with 28% of respondents opposing the ban and 33% being neutral or unsure (Moradi & Miller, 2010). Approximately 20% of respondents reported knowing a gay or lesbian individual in their unit and over half of these service members indicated the presence was well known to the unit (Moradi & Miller, 2010). In addition, approximately three-quarters of the service members polled reported being personally comfortable with gay or lesbian service members (Moradi & Miller, 2010).

In addition to the negative implications of the *Don't Ask Don't Tell* policy, research has contradicted the premise on which it was built, that homosexuality interferes with military service including unit cohesion, unit morale, and retention. In one research study, Frank (2004) studied the experience of gay, lesbian, and bisexual service members (n = 30) through stateside field observations and in-depth interviews with government officials, academics, experts in military affairs and gay, lesbian, and bisexual veterans of

Post 9/11 wars. Results of this study found that despite the *Don't Ask Don't Tell* policy many gay or lesbian service members were already out (Frank, 2004). When homosexual service members disclosed their sexual orientation they experienced increases in five areas: 1) successful bonding; 2) morale; 3) professional advancement; 4) levels of commitment and retention; and 5) access to essential support service (Frank, 2004). Gay and lesbian service members identified the *Don't Ask Don't Tell* policy as a barrier to bonding with peers, developing trust within their units, discussing basic personal matters, and achieving maximum productivity in their military role (Frank, 2004). In addition, these negative implications were exacerbated during deployment when personal supports were less readily available (Frank, 2004).

Due to the very recent repeal of the *Don't Ask Don't Tell* policy, only one study has been performed addressing the repeal's implications. However, this was a comprehensive study conducted from six months after the repeal to the one-year mark with a sample in four ways: 1) outreach to 553 generals and admirals who predicted that the repeal would undermine the military, all major activists and expert opponents of the repeal, and 18 watchdog organizations; 2) interviews with 18 scholars and practitioners and 62 active-duty heterosexual, lesbian, gay, and bisexual troops from every service brand; 3) on-site field observations of four military units; and 4) analysis of relevant media articles and surveys conducted within the study and by secondary sources (Belkin et al., 2012). The findings of this study revealed four things relevant to the repeal of *Don't Ask Don't Tell*: 1) it had no overall negative impact on military readiness (including cohesion, recruitment, retention, assaults, harassment, or morale); 2) it promoted greater openness and honesty occurred promoting increased understanding, respect, and acceptance; 3) no

waves of mass disclosures occurred following its passage; and 4) overall, repeal enhanced the military's ability to pursue its mission of protecting the citizens of the United States of America (Blekin et al., 2012).

Unique Needs of Lesbian and Bisexual Female Veterans

Although policy changes have provided greater visibility for service members who identify with the LGBTQ community, LGBTQ veteran health remains poorly understood (Mattocks et al., 2013). A major challenge in better understanding the needs of veterans who identify with the LGBTQ community is that the Department of Defense does not collect data regarding sexual orientation (Mattocks et al., 2013). However, population estimates reveal a significant number of veterans identify with the LGBTQ community and, more specifically, a significant number of female veterans identify with the LGBTQ community (Gates, 2010). Women in same sex relationships serve at high rates in active duty and even higher rates in reserve components, 3.4% and 0.9% respectively (Gates, 2010). The unique needs of lesbian and bisexual female service members require further attention as they differ from their heterosexual female counterparts as well as lesbian and bisexual females in the general public (Blosnich et al., 2013).

In one study conducted by Lehavot and Simpson (2014), the impact of trauma on positive screening to post traumatic stress disorder and depression were studied. The study included 706 female veterans with 209 identifying as lesbian and 55 identifying as bisexual to participate in an anonymous, online quantitative survey (Lehavot & Simpson, 2014). Findings revealed substantial trauma among lesbian and bisexual female veterans. When compared with heterosexual female veterans, lesbian and bisexual female veterans were significantly more likely to report higher rates of trauma than heterosexual women

in most instances (childhood trauma; adult sexual assault prior to military service; adult physical victimization before, during, and after military service; and past-year sexist events).

In another study, Blosnich, Foynes, and Shipherd (2013) examined the presence of dual health disparities among women who were both veterans and identified as lesbian or bisexual. Participants in this quantitative study included lesbian and bisexual female veterans (n = 53) to both heterosexual female veterans (n = 845) and lesbian and bisexual non-veteran females (n = 1,010) (Blosnich et al., 2013). The study used data from the 2010 Behavioral Risk Factor Surveillance Survey from the Center for Disease Control and Prevention to evaluate health and risk behaviors (Blosnich et al., 2013). Blosnich and colleagues (2013) used data from ten states which elected to participate in a survey which asked questions related to sexual orientation (Blosnich et al., 2013). Results conclude that females who are both a veteran and sexual minority had unique outcomes from either counterpart (Blosnich et al., 2013). Female veterans who identify as lesbian and bisexual have increased odds of frequent mental distress, sleep problems, smoking, and poor physical health (Blosnich et al., 2013).

Mattocks and colleagues (2013) also performed a study which aimed at investigating both trauma and mental health experiences of lesbian and bisexual female veterans when compared with heterosexual female veterans (Mattocks et al., 2013). Within this study 365 female veterans, with 35 self-identifying as lesbian, gay, or bisexual, of Post 9/11 wars completed a survey measuring sexual orientation, military sexual trauma, mental and gender-specific health diagnoses, and VA healthcare utilization and satisfaction (Mattocks et al., 2013). The results of this study further confirm that lesbian and bisexual

female veterans of Post 9/11 wars are significantly more likely to have experienced both military and childhood sexual trauma (Mattocks et al., 2013). In addition, findings confirm health disparities previously discussed as lesbian and bisexual female veterans are more likely to be hazardous drinker and rate their current mental health as worse than before deployment (Mattocks et al., 2013). Although studies are emerging, the health disparities among sexual minority female veterans are not well understood.

VA Healthcare Utilization

The VA health care system is the largest integrated health care system in the United States and provides comprehensive care to millions of veterans each year (Department of Veterans Affairs [VA], 2014d). The VA has provided services including care and resources (including employment support, housing services, medical healthcare, mental health services, and guidance in monetary benefits and education benefits (Department of Veterans Affairs, 2014e)) to ease transition during reintegration in repayment for the service to the country (Mattocks et al., 2014). The number of female veterans who have utilized this formal resource is 7.5 times higher in 2012 than it was in 2002 (Department of Veteran Affairs, 2014f). While sexual orientation has not been tracked within the VA healthcare system, it is still estimated to be the largest single provider of health care for LGBTQ individuals in the United States (Mattocks et al., 2013).

Utilization and barriers among LGBTQ individuals. Despite efforts to specifically support the needs of the LBGTQ community and female veterans, many veterans have not utilized the Veterans Health Administration as a resource.

One study by Simpson, Balsam, Cochran, Lehavot, and Gold (2013) examined utilization of VA utilization by gay, lesbian, and bisexual veterans assessed in 2004-

2005). Veterans who identified as LGBTQ (*n* = 356) were recruited from the community to complete an online survey regarding utilization and barriers specific to VA healthcare (Simpson et al., 2013). Results indicate 45.8% (*n* = 163) lifetime utilization and 28.7% (*n* = 102) utilization within the past year (Simpson et al., 2013). Utilization was significantly associated with having a disability connected to military service, screening positive for both PTSD and depression, and a history of military interpersonal trauma related to sexual orientation (Simpson et al., 2013). Among those who utilized VA healthcare, approximately 33% (*n* = 117) reported discussing their sexual orientation with providers (Simpson et al., 2013).

The findings of Sherman, Kauth, Shipherd, and Street (2014) were consistent with those of Simpson and colleagues (2013) regarding open communication with VA healthcare system. In this study LGBTQ veterans (*n* = 58) completed surveys and participated in focus groups or individual interviews to explore experiences, beliefs, and preferences regarding communication with VA providers (Sherman et al., 2013). Approximately 25% (*n* = 14) of participants had not disclosed information regarding their sexual orientation to providers and about 33% had disclosed to all providers (Sherman et al., 2013). Almost 60% of respondents reported VA providers had not asked about their sexual orientation and less than half believed they should (Sherman et al., 2013). While participants did not feel their sexual orientation should be of question, the concealment of sexual orientation has been found to prevent higher quality of care and personalized professional advice and assistance as well as possibly misguiding provider inquiries (Lambda Legal, n.d.).

While disclosure of sexual orientation can provide a higher quality of care, studies

regarding concealment of sexual orientation and VA healthcare utilization have identified consistent barriers (Sherman et al., 2013; Simpson et al., 2013). The aforementioned study by Sherman and colleagues, identified four barriers to open communication regarding sexual orientation with providers including: 1) fear disclosure may lead to being judged or treated differently; 2) fear of losing benefits or disability; 3) fear of the denial of health care; and 4) fear of negative consequences of sexual orientation being identified in provider's documentation (Sherman et al., 2013). In addition, despite stigma not impacting utilization in general, concerns regarding stigma prompted the complete avoidance of at least one type of service with the most frequently avoided services being individual counseling, general outpatient medical care, and dental care (Simpson et al., 2004). These barriers are consistent with those of the general population as individuals who identify with the LGBTQ community in the general population are reluctant to discuss their sexual orientation due to fear of judgment and abandonment of care (Lambda Legal, n.d.). Further research is needed to examine how the repeal of the *Don't Ask Don't Tell* policy has impacted barriers to care.

Utilization and barriers of female veterans. Service members who identify with the LGBTQ community not only face challenges related to their sexual orientation but also challenges related to their gender. In a study conducted by Owens, Herrera, and Whitesell (2009), an electronic survey was used to examine the mental health needs, service utilization, and barriers to seeking care among female veterans (n = 50) of Post 9/11 wars. Female veterans within the study most commonly reported needing counseling assistance in issues related to depression, relationship issues, anxiety, and anger management (Owens et al., 2009). Seventy-eight percent of respondents reported

feeling they needed mental health services for one or more mental health concerns but 42% reported not seeking counseling or treatment (Owens et al., 2009). Of female veterans who did utilize services 56% received services from a Vet Center or VA medical center and 50% utilized outside resources (Owens et al., 2009). Barriers to seeking care included four findings: long waiting periods for appointments; prior bad experiences; facilities not being sensitive to women's issues; and not being believed about symptoms (Owens et al., 2009). Further investigation is needed to identify ways in which the Veteran's Health Administration can overcome such obstacles.

Conclusion

Although research regarding the experiences of female service members is evolving, further research is needed. Female veterans face unique challenges during reintegration with additional difficulties for females who identify as part of the LGBTQ community. Although the *Don't Ask Don't Tell* policy was implemented to protect homosexual service members, it had negative implications for all service members. However, attitudes within the military culture have shifted towards more acceptance of lesbian, gay, and bisexual service members. Despite a shift in attitudes, female service members who identify with the LGBTQ community continue to face barriers in the utilization of VA healthcare related to both their sexual orientation and gender. In order to better support lesbian and bisexual female service members, further research is needed to understand their unique reintegration experiences.

Conceptual Framework

Providing a lens in which to view research allows for greater understanding among readers. The lens in which to view this study is based on the concepts of Urie Bronfenbrenner's ecological theory. *Ecological theory* suggests that human development is based on the interaction between humans and their immediate, changing environment (Bronfenbrenner, 1979). In using ecological theory as a theoretical framework for this study, the development of lesbian, bisexual, and transgender female service members will be examined based on reciprocal interactions with their civilian and military environment during reintegration.

Bronfenbrenner (1979) divided the environment individuals interact with into four structures, including micro-, meso-, exo-, and macro- systems. A *microsystem* includes the activities, roles, and interpersonal interactions an individual participates in (Bronfenbrenner, 1979). During both deployment and reintegration, this is the system level most influenced for service members for two reasons. Women experience high levels of interpersonal stress during deployment and upon returning home due to factors such as gender or sexual harassment. Furthermore, upon returning home women are challenged with not only their role as veteran but also in returning to role(s) such as spouse, mother, and/or caregiver (Disabled American Veteran, n.d.).

The *meso level* system is defined as "the interrelation among two or more settings in which the developing person actively participates" (Bronfenbrenner, 1979, p. 25). Within the military, the unit or squad the service member belongs to is a significant meso level influence. In addition to military influences, reintegration introduces meso systems within the civilian community, such as work, school, and neighborhood systems. The

shift from military to civilian systems is problematic for many female service members as evidenced by high rates of unemployment and homelessness. In addition, both female and LGBTQ service members frequently withdraw from these environments as a form of coping which prevents the utilization of available civilian resources.

An *exosystem* is a system that involves interactions in a setting where the person is not a participant but it continues to influence them (Bronfenbrenner, 1979). For female service members, this may involve the interactions of family, friends, or spouses in other environments. For example, many loved ones may participate in family readiness groups which are designed to support those left behind during deployment. However, these groups are targeted to serve traditional military family structures in which the male is deployed. This results in a lack of support for the partners of female service members and a feeling of facing significant stressors alone. These factors influence the partner as well as their interactions with the service member during both deployment and reintegration.

Bronfenbrenner (1979) describes the *macro level* system as the consistencies of smaller systems or the culture in a society. A great macro level influence on female and LGBTQ service members has been policy changes for greater equality. Changes, such the opening of combat roles and the ability to openly serve, have had great influence on the culture of the military. The impact of these macro level changes have direct influence on the service of veterans and their transition to civilian life. Macro level influences are also seen in the availability of resources for service members as the government controls employment supports, housing programs, and the Veterans Health Administration.

The social work profession has used ecological theory to create a model in which to view individuals called person in environment. *Person in environment* views human behavior as the result of intrapersonal and interpersonal forces interacting. Within this model individuals are viewed in four domains: social functioning, social environmental, mental health, and physical health (Hutchinson, 2011). For example, a female service member who identifies as part of the LGBTQ community may be experiencing mental and physical problems related to harassment or trauma experienced during deployment in addition to difficulties returning to work and social responsibilities. The basis of this concept is that through examining multiple domains a holistic view of the person is created and practitioners will be better able to understand the needs of an individual.

These theoretical constructs were considered in the development of this study. Lesbian and bisexual female veterans experience their environment on micro-, meso-, exo-, and macro- levels. Through examining all levels of influence a more complete picture can be created of their unique reintegration experiences and outcomes.

Personal Lens

My personal military experiences serve as my motivation for this project. As a female veteran, I felt a strong connect to the literature regarding the unique experiences and challenges female service members face during reintegration. I have had first hand experience with the generalizations made towards veterans. As a result, I feel strongly about the need to understand and address the unique needs of minority service members.

Professional Lens

Professionally, I have worked in the mental health setting for three years. In my professional relationships, I have witnessed a lack of understanding regarding the diverse

experiences and challenges faced by returning veterans. My interest lies in gaining a deeper understanding of the unique needs among minority veterans as they return from war. Ultimately, my professional interest lies in providing myself as well as other mental health professionals greater insight into the challenges of reintegration so that veterans receive the care and consideration they deserve.

Methodology

The purpose of this study was to understand the unique reintegration experiences of female veterans who identify as part of the LGBTQ community and were deployed in a Post 9/11 war. Since very little research (Blosnich et al., 2013) has been conducted specific to female veterans who identify as part of the LGBTQ community, this study was exploratory in nature. The review of literature was used to inform the development of a methodologically sound study, which addressed five things: sample, recruitment process, protection of human subjects, data collection, and data analysis.

Recruitment of Sample

The aim of this study was to recruit 30 to 50 participants to complete an online survey via Qualtrics. There were three inclusion criteria for the study. In order to be eligible for this study, each participant identified as 1) a part of the LGBTQ community (e.g., lesbian and bisexual); 2) a female (biologically or by identification); and 3) a veteran of a Post 9/11 war.

In the absence of a complete sampling frame, a *convenience sampling method*, which includes the use of readily available participants, was utilized to recruit participants (Monette, Sullivan, & DeJong, 2011). Twelve privately organized groups on publically available websites, such as Facebook, were contacted to inquire about participation in this study. One group denied the request and eleven groups did not respond. Due to the low response rate from informally organized groups, 12 formal organizations were contacted for posting on their social media websites. Two formal organizations, Service Women's Action Network and The Lesbian, Gay, Bisexual, and Transgender Community Center, agreed for this writer to post on their social media website. Upon gaining consent from

the institutional review board, an invitation (see Appendix A) for participation was posted on corresponding Facebook pages. The invitation was also posted on the researcher's personal social media website. Social media sites, such as Facebook, were selected based on high utilization, ease of use, and ability to reach a high volume of individual creating a heterogeneous sample.

The use of social media to recruit participants also involves *snowball sampling* or the use of participants to lead to more participants (Monette et al., 2011). This type of sampling is particularly useful when attempting to recruit within the military as participants typically have routine contact with one another (Monette et al., 2011). Through the use of social media, participants were able to like or share the survey with the hopes of eliciting a greater number of respondents.

In addition, the author of a privately organized and publically available website titled *Gay Military Signal,* agreed to post the link on his personal website. The website is a monthly publication which aims to provide a voice for equality so that service members are able to serve openly regardless of sexual orientation. This also utilized convenience sampling methods as well as snowball through encouraging participants to share the link with other eligible participants.

Protection of Human Subjects

Female service members who identified as part of the LGBTQ community were selected to participate in this study to increase understanding of this unique population. Both individuals who identify as LGBTQ and as veterans are vulnerable populations. With this in mind, great care was taken in the development of this research study and precautions were taken. Participants were required to be a veteran of a Post 9/11 war and

thus must be over 18 years of age. A survey was used rather than interviews to reduce discomfort in answering personal questions related to identification with the LGBTQ community and reintegration experiences. Additionally, great consideration was given to the development of the survey used to collect data. The organization and development of questions was created to minimize the risk of participants experiencing emotional distress. The researcher gave great consideration to the wording, order, and content of questions. In addition, questions were informed by the knowledge of theory and the state of current literature.

For additional protection, both committee members and the institutional review board of the University of St. Thomas reviewed questions to further protect participants from undue emotional distress. The committee was composed of professional social workers with expertise and direct practice experience regarding the general military population as well as specific experience regarding female and LGBTQ veteran populations. The committee was chaired by a content expert in military research, which further ensured the development of a sound research methodology that would pose minimal risk for participants. Upon approval from this committee, the research proposal was submitted for review by the institutional review board of the University of St. Thomas. Only upon written approval from the institutional review board were research tools made publically available further ensuring the safety of participants.

Despite precautions taken in the development of the study, there was a low level of risk. A low level of risk refers to the possibility of harm but there is a low likelihood of any harm occurring to participants based on the precautions taken. As a result, participants were required to review and agree to the consent form which outlines the

purpose, procedures, risks and benefits, confidentiality, and voluntary nature of the study (See Appendix B). Participants were also provided a list of resources to assist them in dealing with any strong emotions that emerge as a result of their participation (See Appendix C).

Data Collection

Data was collected using an online mixed methods survey (See Appendix D). A mixed methods survey employs quantitative research to examine the magnitude and frequency of concepts as well as qualitative research to explore the meaning and understanding of concepts (Creswell, Klassen, Clark, & Smith, n.d., p. 4). Upon opening the link, the participant were greeted with a letter introducing the survey, explaining the voluntary nature of the study, and directing potential participants to the consent form (See Appendix E). Within the consent form participants were informed that by beginning the survey they were consenting to participation in the study. Upon beginning the survey, participants were asked three eligibility questions. If participants did not meet eligibility criteria they were not granted access to the survey and exited.

Participants who met eligibility criteria were given access to the survey. The survey took approximately 20 minutes for completion and included 20 questions. Quantitive data was obtained through yes/no and Likert scale questions, and open-ended questions were used to gather qualitative data. Questions asked for participant demographic information and addressed deployment experiences (e.g. location, frequency, and length); reintegration experiences with a specific focus on the impact of their identification with the LGBTQ community; and the utilization of supportive resources. Measures were taken to ensure the validity of questions. Questions were developed based on a review of

pertinent literature as well as the theoretical construct previously identified. In addition, questions were reviewed by the research committee and institutional review board to ensure they were appropriate for the research question posed.

Data Analysis

As previously stated, both quantitative and qualitative data was collected by way of an online survey. *Quantitative data*, or data using numbers or counts, was analyzed using descriptive and inferential statistics (Monette et al., 2011). *Descriptive statistics* provide a description of characteristics present within the sample (Monette et al., 2011). *Inferential statistics* allow for an examination of the relationship between demographic characteristics and reintegration experiences (Monette et al., 2011).

Qualitative data, or "data in the form of words, pictures, descriptions or narratives" (Monette et al., 2011, p. 39), was obtained through the use of open-ended questions. Within this study qualitative data was analyzed using open coding. Monette and colleagues (2011) explain *open coding* as coding which is open to possibilities as it is unrestricted and this allows it to produce concepts that fit the data. During open coding, the researcher read through responses to identify recurrent words and themes. The frequency of recurred words and themes were noted to identify those that were most commonly referenced. After identifying the most commonly referenced words or themes, these were reviewed to create categories which the researcher examined to interpret meaning. After initial coding, data was revisited one week later to look for potential concepts or categories that were originally missed.

Confidentiality and Data Storage

Participants were notified of any risks as well as benefits of their participation in this study. Confidentiality was provided to participants as the data collected was not made public in a way that would allow participants to be identified (Monette et al., 2011). Confidentiality and anonymity informed both survey development and procedures carried out within this study.

The researcher kept all collected data in a password protected file on a computer kept in a secure location. Any paper documents were kept in a locked filing cabinet which only the researcher had access to. These precautions were outlined in the consent form which must have been completed prior to participation (See Appendix B). Precautionary measures were submitted for approval by the research committee and institutional review board to ensure they provide adequate protection.

Results

This section presents the findings of two women (n = 2) who completed this mixed methods survey regarding their identification as a LGBTQ service member who was deployed in support of a Post 9/11 war. The women were first asked questions relating to demographic information and their military experience. The next questions pertained to their identification with the LGBTQ community before, during, and after disclosing their identity within the military community. Lastly, the women were asked questions pertaining to rewards experienced, challenges faced, and support received.

Demographic Information

At the beginning of the study, respondents were asked about their age, race/ethnicity, highest level of education, and identification within the LGBTQ community. One was in her 30's, while the other was in her 40's. Both were white (non-Hispanic) and had completed post-secondary or higher degrees. Lastly, both women identified as lesbian and one also identified as gay.

In addition to personal demographic information, the women were asked about their military experience. They were asked to specify their service component, number of deployments, operation deployed to, and length of deployment. One had served in both the National Guard and been on active duty, while the other solely served in the National Guard. One woman served in Operation Enduring Freedom, while the other deployed to Operation Iraqi Freedom. Both women are currently veterans. Overall, one female was deployed for seven to 12 months, while the other was deployed for 13 to 24 months.

Table 1
Description of Demographic Information of Study Participants

	Age	Race	Service component	Deployed in support of	Amount of time deployed	LGBTQ[1] identity
Jane	40s	White	Active Duty; National Guard	Operation Enduring Freedom	7 to 12 months	Lesbian; Gay
Mary	30s	White	National Guard	Operation Iraqi Freedom	13 to 24 months	Lesbian

[1]LGBTQ = Lesbian, Gay, Bisexual, Transgender, Queer. *Note*. Description of female service members who identify with the LGBTQ community who participated in study

General Identification

For this study, women were initially asked how they identified as part of the LGBTQ community in general. Jane identified participating in rallies and LGBTQ events. Mary simply identified with the LGBTQ community as a lesbian.

Pre-Coming Out

Respondents were asked to describe their identification with the LGBTQ community in the military prior to their deployment. Before their deployments, both participants reported keeping their identification with the LGBTQ community a secret. Jane references living a "hidden life" and, while she did attend rallies, she kept a low profile. Mary reports difficulty pretending she did not have a partner she missed.

Coming Out

Both women were asked to report how their identification with the LGBTQ community factored into their life during their deployment. The women reported that the deployment experience allowed them to disclose their identification with those they felt

close to. While deployed, Jane described continuing to keep a low profile but coming out to progressive friends who were "supportive and wonderful." With her increasing comfort with her sexual orientation, Jane was able to participate in a performance related to her sexual identity. Mary also described coming out to those she was closest to during her deployment and finding that most of these friends already assumed she was a lesbian.

Post Coming Out

Post-deployment challenges. For this study, the women were asked to rate the frequency in which they experienced challenges in various areas of functioning following their deployment. While challenges were experienced by both women, they had conflicting reports of the areas most impacted. Jane identified experiencing challenges most frequently in the areas of relationships, balancing multiple roles, and education. While Mary also identified challenges most frequently in relationships and balancing multiple roles, she also rated frequent challenges in physical health and mental health.

Within the same question, the women were able to identify which areas they experienced the least challenges in. Both women rated never, rarely or non-applicable regarding challenges in the areas of housing, employment, finances, and substance abuse. In addition, Jane identified experiencing no problems in the area of physical health and Mary rated education as neutral.

Post-deployment support. In addition to reporting areas in which challenges were experienced, the women were asked to identify from where they received the most support. Similarities were found in the support the women received post-deployment. Jane reported most frequently receiving support from military peers, leadership, and organizations and, to a lesser degree, civilian organizations, healthcare systems, and

peers. Mary also reports frequently receiving support from the Veterans Health Administration, military peers, military leadership, military organizations, and civilian organizations for support.

Within the same question, the women were also given the opportunity to identify the systems from which they received the least support. Jane rated the support she received from the Veterans Health Administration and her family the lowest, marking them as neutral. Mary identified rarely receiving support from civilian healthcare settings and peers and feeling neutral regarding the support she received from her family.

Impact of LGBTQ identity. The female participants were then asked how their identification with the LGBTQ community factored into their life post-deployment. Jane reports that despite attempts to "move back into my life and relationship," her significant other ended their relationship due to differing lifestyle choices. Mary simply described being a "totally out and proud lesbian" post-deployment.

Participants were provided an opportunity to expand on the most rewarding and challenging aspect of life post-deployment and how their identification with the LGBTQ community has factored into their aspects of life. While Mary did not answer the most rewarding and challenging aspects of returning to her life, Jane was able to specifically identify these aspects of her life post-deployment. Jane identifies "coming home as a single parent" as the most challenging aspect post-deployment. She attributes this to an inability to identify with other mothers' interests and married status. In addition to retiring, she also identifies parenting as the most rewarding aspect of her life. She describes retirement changing how open she is with others about her life and becoming more "matter of fact about it" during this stage of her life. As a result of responsibilities

in her home life and educational requirements, Jane notes that participating in the LGBTQ community was no longer a thought.

Effectiveness of supports. At the end of the survey, the women were asked to explain what supports they found helpful and provided an opportunity to share any additional information about their experience as a female service member who identifies as part of the LGBTQ community. In response to these questions, Jane denied reaching out to utilize military resources. She reports rebuilding her support system and continuing to moving forward. In addition, she identified her family as the least helpful, but adds that this is "not a new behavior for them." In conclusion, she would encourage other service members who identify with the LGBTQ community to be proud of their sexual orientation; however, she states "I know there is still plenty of prejudice out there."

Discussion

This research focused on the reintegration experiences of female service members deployed Post 9/11 who identify with the LGBTQ community. This study utilizes ecological theory, which considers micro-, meso-, exo-, and macro- levels in which to examine reintegration experiences. While the participants within the study supported much of the literature presented on both women and service members who identify with the LGBTQ community, they provided a unique perspective of belonging to both communities. This section will examine the relationship between the themes of the current study and those of the previous research presented in the literature review.

Pre-Coming Out

In the first theme, both women reported keeping their sexual orientation a secret prior to deployment. These findings confirmed those of previous literature regarding the disclosure of sexual orientation within the military. To examine disclosure, past research looked at service members' disclosure of sexual orientation with VA providers and found low levels of disclosure (Sherman et al., 2013). While participants in this study did not identify barriers, Sherman and colleagues (2013) expanded on the topic to reveal barriers in disclosure related to fears of being treated differently or judged and fears of losing benefits.

In addition, within the first theme Mary spoke to the difficulty she experienced when pretending she didn't have a partner at home prior to coming out. While the literature review made little mention of the impact of concealment of sexual orientation, the findings of the current study are consistent with the available literature. A past study examined the mental health characteristics of members of the LGBTQ community who

served under the *Don't Ask Don't Tell* policy (Cochran et al., 2013). While Mary only stated it was difficult pretending she didn't have a partner at home, previous research further elaborated to find the concealment of sexual orientation to be associated with high rates of depression, PTSD, alcohol use, and suicidal thoughts and behavior (Cochran et al., 2013).

Coming Out

In the second theme, coming out, both participants spoke to the experience of coming out to those they trusted during the deployment process. Although previous research did not speak to the coming out process in relation to deployments, past research regarding the coming out process in the general population can be used to support the findings of this study. Dunlap (2014) examined the struggles and rewards of going through the coming out process across five age cohorts. Within the study, men and women who identified with the LGBTQ community reported relationships (supportive and understanding friends, coworkers, family members, church community, and significant others), professional help, education, and entering community (coming into contact with other members of the LGBTQ community) supported becoming more comfortable with sexual orientation and the coming out experience. While education and professional help were not referenced within the findings of the current study, participants did reference coming out to those with whom they had supportive relationships with. Based on the previous research, it is likely the relationships referenced within the current study increased participants' comfort level and supported their coming out process.

Although not identified in the findings of this study, as previously mentioned the study by Dunlap (2014) found that coming into contact with other members of the LGBTQ community supported the coming out process. While contact with other members of the LGBTQ community were not specifically mentioned in this study, it is likely participants did have such interactions and thus felt further support in the coming out process. Statistical projections of Gates (2010) identified women in same sex-relationships as being more likely to serve in the military than other women. Furthermore, the Department of Veteran Affairs (2014b) estimates more than one million members of the LGBTQ community serve in the Armed Services.

Within the theme coming out, Jane highlights the low impact the *Don't Ask Don't Tell* policy had on her. Jane states, "When DADT came into being, really nothing changed. I had some commanders that I could be open with, but the majority I had to remain hidden. Within 30 days of my retirement, DADT was repealed. If I was still serving, I don't think I would have changed my behaviors due to the bigotry in our state still." Consistencies are seen, both in this study and previous research, regarding the low impact the *Don't Ask Don't Tell* policy and its repeal had on disclosure of sexual orientation within the military. Daniel (2012) reports that despite the repeal of the *Don't Ask Don't Tell* policy service members have been slow to come out due to the significant stigma which exists within the military. Furthermore, in a comprehensive review six months following the repeal, Belkin and colleagues (2012) found that despite expectations no waves of mass disclosures regarding sexual orientation occurred. Lastly, Frank (2004) found many service members were already out prior to the repeal. While inconsistencies may be seen regarding the amount of disclosure occurring within the

military, the low impact of the *Don't Ask Don't Tell* policy and its repeal remain consistent across studies.

In addition, within the second theme both participants also reported experiencing a positive response to their coming out with Mary reporting most individuals within her unit had already assumed she was a lesbian. The acceptance of members of the LGBTQ community and knowledge of their presence was confirmed in the previous research. A past study which polled veterans of Post 9/11 wars found that a significant percentage of service members knew a gay or lesbian individual in their unit and the service member's identification with the LGBTQ community was well known to the unit (Moradi & Miller, 2010). In addition, among the service members who knew someone who identified with the LGBTQ community the majority described being comfortable (Moradi & Miller, 2010). In continued agreement, a comprehensive review six months after the repeal, found that the repeal enhanced openness and honesty by promoting increased understanding, respect, and acceptance of service members who identify with the LGBTQ community (Belkin et al., 2012). However, the participants in this study came out to those they were close to prior to the repeal of the *Don't Ask Don't Tell* policy and still received a positive reception. These experiences are indicative of the start of changing attitudes within the military prior to the repeal which were likely enhanced by the repeal.

Post Coming Out

Post deployment challenges. Within the subtheme post-deployment challenges, both participants identified most frequently encountering three challenging aspects of reintegration. The first area of difficulty most frequently encountered post-deployment

was in relationships. This finding is echoed throughout previous research literature as women have been found to experience more interpersonal difficulties during reintegration than their male counterparts (Fontana et al., 2010; Vogt et al., 2011). To support these findings, a study examining female veterans of Post 9/11 wars in a focus group setting found women struggled with feeling changed, had difficulty reconnecting with family and friends during reintegration, and experienced difficulties renegotiating their gender and identity post-deployment (Demers, 2013). Further in agreement, Kelly and colleagues (2014) found female National Guard members reported feeling life was more complex, feeling deployment changed them, experiencing difficulties reestablishing partner connection, and feeling overwhelmed being mom again. The more detailed past research regarding post-deployment challenges suggests the reports of the current participants could be attributed to the women feeling changed, grieving the loss of their military role, and overwhelming feelings related to the demands of civilian life.

In addition to frequently experiencing challenges in relationships, both women in the study reported most frequently experiencing difficulties balancing multiple roles following deployment. These findings are consistent with previous research examining post-deployment challenges of female service members. In previous research, female active duty nurses identified difficulties balancing roles when they returned to their home environment which included overwhelming feelings related to the combination of family, living situation, and work responsibilities; difficulty multi-tasking and decision making; and difficulty finding where they belong in a noncombat environment (Rivers et lal, 2013). In addition, a past study specifically identified overwhelming feelings related to the role of mom (Kelly et al., 2014). It is likely these stressors are exacerbated for female

service members as they report feeling others are unable to understand their experiences (Rivers et al., 2013) as well as having generally lower levels of support when returning to civilian life (Fontana et al., 2010; Vogt et al., 2005).

Lastly, participants in this study identified most frequently experiencing mental health challenges post deployment. These findings are confirmed in multiple previous studies. First, Blosnich and colleagues (2013) examined health and risk behaviors among women who identified as both veterans and lesbian or bisexual. The survey revealed that women who identify as lesbian and bisexual have increased odds of frequent mental distress (Blosnich et al., 2013). Secondly, when compared with heterosexual female veterans, lesbian and bisexual female veterans of Post 9/11 wars have been found to rate their current mental health as worse than before deployment (Mattocks et al., 2013). Lastly, when examining the mental health needs and utilization among female veterans of Post 9/11 wars over three-fourths of respondents reported feeling they needed mental health service for one or more mental health concerns (Owens et al., 2009). When further examining utilization, Owens and colleagues (2009) found female veterans most commonly reported needing counseling assistance in issues related to depression, relationship issues, anxiety, and anger management. For participants of the current study, in addition to their identity as female and a member of the LGBTQ community, mental health difficulties may have been exacerbated by their identification as reservists. Reservists experience a greater impact of deployment as evidenced by higher rates of suicidal ideation and attempts and a higher prevalence of PTSD among this population (Lane et al., 2012). In addition, when examining individuals experiencing mental health difficulties, higher rates of trauma were found in the histories of lesbian and bisexual

females (Lehavot & Simpson, 2014; Mattocks et al., 2013). Although the findings of this study did not make mention of traumatic histories, it could be an unmentioned contributing factor to mental health difficulties.

In addition to identifying the most frequently faced challenges, similarities were also found in participants' reports of experiencing no or minimal challenges in the areas of housing, employment, finances, and substance abuse. These findings are in contrast with previous research. Previous research has identified that the unique reintegration experiences of female veterans place them at greater risk for unemployment and homelessness upon returning home than other veterans (Disabled American Veterans, n.d.). Furthermore, when comparing the trauma and mental health experiences of lesbian and bisexual female veterans to heterosexual female veterans, lesbian and bisexual female veterans were found more likely to be hazardous drinkers (Blosnich et al., 2013).

Participants in this study described challenges related to physical health in contrast with one another. While Jane reported experiencing no difficulties related to physical health, Mary identified frequent challenges. Mary's reports are in line with previous research. When examining health and risk behaviors, Blosnich and colleagues (2013) found female veterans who identify as lesbian and bisexual have increased odds of sleep problems, smoking, and poor physical health.

Another area of contrast between participants is in the challenges associated with education. Mary reported feeling neutral towards challenges in education while Jane reported frequent problems. This challenge was not consistent with previous research as it was not mentioned among studies examining the reintegration experience of female service members or those who identify with the LGBTQ community.

Post deployment support. In addition to reporting areas in which challenges were experienced, the women were asked to identify from where they received the most support. Similarities were found in the support the women received post-deployment as both women most frequently reported receiving support from military peers, military leadership, and military and civilian organizations. These findings are in conflict with those of previous research. A past study found increased challenges for reservists as they return to a fully civilian lifestyle which includes isolation from military peers, less military support, and loss of a common purpose (Doyle & Peterson, 2005).

While both women reported high levels of support from civilian organizations, Jane reported frequently receiving support from civilian health care systems and peers while Mary identified rarely receiving support from these resources. In addition, both women rated the support from their family as neutral. The low levels of civilian support experienced by participants in this study are consistent with previously discussed research which highlights the challenges female service members face in the civilian world and in civilian relationships. Past research found female services members experienced difficulties adjusting to civilian as they felt changed as a result of the deployment (Demers, 2013), had difficulties reconnecting with family and friends (Demers, 2013; Kelly et al., 2005), felt others were unable to understand their experiences (Rivers et al., 2013), and returned to lower social support in general (Fontana et al., 2010; Vogt et al., 2005). Furthermore, previous research outlines difficulties balancing roles when female service members return to their home environment which may have further attributed to participants' feelings of less support among civilian resources (Rivers et al., 2013).

Additional conflict occurred in the participants rating of the support they received from the VHA. Jane rated the level of support she received from the VHA as neutral while Mary indicated receiving a high level of support from the VHA. This mixed response is confirmed in the findings of previous research. A past study examining the mental health needs, service utilization, and barriers to seeking care among female veterans found approximately half reported utilizing the VA and half reported utilizing outside resources (Owens et al., 2009). Furthermore, lifetime utilization of the VHA was also found among approximately 50 percent of female service members (Owens et al., 2009). Further elaborating on the findings, the past study found that female service members identified barriers to seeking care as long waiting periods for appointments; prior bad experience; facilities not being sensitive to women's issues' and not being believed about symptoms (Owens et al., 2009).

Impact of LGBTQ identification. Within the subtheme, impact of LGBTQ identification, both women described being open with their identification with the LGBTQ community post deployment. Mary simply described being a "totally out and proud lesbian" post deployment while Jane reports "retirement has changed how open I am with people about my life. I am just matter of fact about it." Jane elaborates that during reintegration she attempted to "move back into my life and relationship" but her significant other ended their relationship due to differing lifestyle choices. This is consistent with previous research as it is another reflection of the interpersonal challenges faced by female service members during reintegration echoed throughout previous research (Demers, 2013; Fontana et al., 2010; Kelly et al., 2005; Rivers et al., 2013; Vogt et al., 2005).

With the theme impact of LGBTQ identification, Jane identified being a single parent as both the most rewarding and one of the most challenging aspects of life post-deployment. She further explained she had difficulty relating to other mothers who were married and had a different set of interests. This report is consistent with the findings of past research as previous research has found female service members to be less likely to be married (Patten & Parker, 2011) and more likely to be a single parent (Disabled American Veterans, n.d.). In addition, a past study regarding reintegration challenges of female service members specifically identified a theme of feeling overwhelmed being a mom again (encompassing challenges related to developmental challenges in children, the amount of attention children warrant, and addressing the problems children have due to separation from their parent) (Kelly et al., 2014). Furthermore, an additional past study which examined the reintegration of female service members found female service members experienced difficulties balancing roles specifically related to overwhelming feelings related to the combination of family, living situation, and work responsibilities; difficulty multi-tasking and decision making; and difficulty finding where they belong in a noncombat (Rivers et al., 2013).

Effectiveness of support. In the theme effectiveness of support, the limited information presented in the current study states that Jane did not reach out to military resources and did not receive support from her family, but was able to rebuild her support system and continue to moving forward. Jane's reports of receiving little support from her family and feeling the need to rebuild her support system are confirmed in the reintegration experiences outlined in previous studies. The need to rebuild her support system and move forward is likely tied to feelings identified in previous research of

female service members feeling permanently changed as a person (Demers, 2013; Kelly et al., 2014; Rivers et al., 2013), a sense of loss of the person whom they were prior to deployment, and the need to renegotiate their gender and identity upon returning home (Demers, 2013). In conclusion, Jane would encourage other service members who identify with the LGBTQ community to be proud of their sexual orientation; however, she states "I know there is still plenty of prejudice out there".

Strengths and Limitations

Strengths. Three strengths are noteworthy of this mixed method study which examined the reintegration experiences of female service members who served in a Post 9/11 war and identified with the LGBTQ community. First, the use of both quantitative and qualitative questions within the mixed method survey provided two benefits. The quantitative questions provided both general and military demographic information for comparison. In addition, the quantitative format allowed participants the ability to rate the supports and challenges received in a scale format. Secondly, the qualitative questions used within the survey allowed participants an open-ended format to expand on their identification with the LGBTQ community and reintegration experiences. Lastly, the survey provided anonymity for potential participants. As evidenced in the current and previous research, significant stigma continues to exist within the military for those who identify with the LGBTQ community. This survey allowed participants an anonymous format in which they could share their experiences and express their opinions.

Limitations. Although the research included multiple strengths, it also had three noteworthy limitations. First, while providing anonymity, the use of a survey prevented the researcher from probing further or asking clarifying questions of participants.

Secondly, the survey used was created based on limited previous research. While the reliability of the survey tool was increased through the utilization of available previous research and a review by content experts, it is not a reliability tested instrument.

Lastly, the sample yielded creates great limitations on the generalizability of findings of this study. The size of the sample and use of convenience sampling methods produced a sample which could not be generalized to the larger population. Further limiting generalizability, the sample recruited was very homogeneous as there were several demographic similarities between the two participants. The issues in sampling are indicative of significant stigma regarding the LGBTQ identity remaining in the military culture today.

Implications for Social Work Practice

Social work practice can be enhanced through knowledge and understanding of female service members of Post 9/11 wars who identify with the LGBTQ community with four noteworthy points. First, female service members of Post 9/11 wars face challenges related not only to their gender but also to their LGBTQ identity. Females frequently experience challenges during reintegration in areas of relationships and balancing multiple roles (Fontana et al., 2010; Kelly et al., 2014; Rivers et al., 2013; Vogt et al., 2011). Additionally, service members who identify the LGBTQ community may experience mental health challenges related to the concealment of their sexual orientation (Cochran et al., 2013; Mattocks et al., 2013) as well as fears of stigma (Sherman et al., 2013).

Given the unique challenges female service members who identify with the LGBTQ community face, the professional needs to engage in supervision as well as

educational and professional development opportunities to increase their understanding of this specific population. Social workers across all settings may come into contact with members of this population or their loved ones and have the ability to provide life changing services. Specifically, social workers have the ability to provide support and understanding which returning service members are not receiving in their immediate environment.

Additionally, social workers are a crucial connection between service members and needed resources. Reintegration is a complex and integrated process which can impact many areas of functioning. Many service members who feel they need more support are unwilling to seek out services (Owens et al., 2009). Connecting the service member to resources may reduce overwhelming feelings for both the service members and those who care for them.

Lastly, social workers should utilizes their abilities to promote systematic change which reduces barriers preventing service utilization. Both female service members and service members who identify with the LGBTQ community identify multiple barriers to receiving care (Owens et al., 2009; Sherman et al., 2013). Social workers can provide advocacy and educate to create systematic, cultural, and individual change.

Implications for Future Research

Although there is some research related to female veterans and service members who identify with the LGBTQ community, this study provided four directions for future research. First, future research should further examine the resources which benefit this population most and the effects of disclosure and stigma. This information is crucial to understanding who can best serve this population. Secondly, while previous research has

begun to shift from observational or descriptive (Goldzweig et al., 2006) to a more analytical focus (Bean-Mayberry et al., 2011), further analytical research is needed to inform best practices.

Additionally, research should focus on distinguishing if the challenges specific to this population stem from their gender identity or identity with the LGBTQ community. Research within the general military population should continue. Future research should continue to focus on the short and long term effects of Post 9/11 wars as long term issues may continue to emerge and service members are continuing to return.

Implications for Policy

Based on the information presented in this study macro level policies require further examination. Despite level of disclosures showing little impact by the *Don't Ask Don't Tell* policy (Belkin et al., 2012, Daniel, 2012) the response rate of this study represent a need for policy change. Policy should be examined from macro to micro levels to determine the best methods in which to support this population and reduce the significant stigma still present.

Conclusion

In conclusion, this research adds valuable information regarding female service members who deployed in a Post 9/11 war and identify with the LGBTQ community. While some research has examined female service members or members of the LGBTQ community, very few studies have examined members of both populations. These findings add insight into this populations' unique reintegration experiences, the challenges faced, and utilization of supports. In addition, it examines the coming out process as it relates to the deployment experience which has not been found in prior

research. The information presented will provide insight into best practices for members of our military and guidance for future research.

References

Bean-Mayberry, B., Yano, E. M., Washington, D. L., Goldzweig, C., Batuman, F., Huang, C., Miake-Lye, I., & Shekelle, P. G. (2011). Systematic review of womens' veteran health: update on successes and gaps. *Women's Health Issues, 21*(4). S84-S97, doi: 10.1016/j.whi.2011.04.022

Belkin, A., Ender, M., Frank, N., Furia, S., Lucas, G.R., Packard, G., Schultz, T.S., Samuels, S. M., & Segal, D. R. (2012). One year out: an assessment of DADT repeal's impact on military readiness. Palm Center. Retrieved from http://www.palmcenter.org/files/One%20Year%20Out_0.pdf

Blosnich, J. Foynes, M. M., & Shipherd, J.C. (2013). Health disparities among sexual minority women veterans. *Journal of Women's Health, 22* (7), 631-636. doi: 10.1089/jwh.2012.4214

Blosnich, J.R., Mays, V.M. & Cochran, S.D. (2014). Suicidality among veterans: implications of sexual minority status. *American Journal of Public Health, 104*(S4), doi: 10.2105/AJPH.2014302100

Bowling, K. L., Firestone, J. M., & Harris, R. J. (2005). Analyzing questions that cannot be asked of respondents who cannot respond. *Armed Forces and Society, 31*(3), 411-437, doi: 10.1177/0095327X0503100305

Bronefenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, Massachusetts, and London, England: Harvard University Press.

Burelli, D. (2013). Women in combat: issues for congress. Congressional Research Service. Retrieved from http://fas.org/sgp/crs/natsec/R42075.pdf

Burkhart, L. & Hogan, N. (2014). Being a female veteran: a grounded theory of coping with transitions. *Social Work in Mental Health, 1*(37). doi: 10.1080/15332985.2013.870102

Carney C. P., Sampson T. R., Voelker M.,Woolson R., Thorne P., & Doebbeling B. N. (2003).Women in the Gulf War: combat experience, exposures, and subsequent health care use. *Military Medicine,168*(8), 654-61, Retrieved from http://fc9en6ys2q.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rfr_id=info:sid/summon.serialssolutions.com&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft.genre=article&rft.atitle=Women+in+the+Gulf+War%3A+combat+experience%2C+exposures%2C+and+subsequent+health+care+use&rft.jtitle=Military+medicine&rft.au=Carney%2C+Caroline+P&rft.au=Sampson%2C+Tomoko+R&rft.au=Voelker%2C+Margaret&rft.au=Woolson%2C+Robert&rft.date=2003-08-01&rft.issn=0026-4075&rft.eissn=1930-613X&rft.volume=168&rft.issue=8&rft.spage=654&rft_id=info:pmid/12943043&rft.externalDocID=12943043&paramdict=en-US

Cohran, B. N., Balsam, K., Flentje, A., Malte, C. A. & Simpson, T. (2013). Mental health characteristics of sexual minority veterans. *Journal of Homosexuality, 60*(2-3), 419-435, doi: 10.1080/00918369.2013.744932

Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities; & Board on the Health of Select Populations; Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Retrieved from http://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building

Creswell, J. W., Klassen, A. C., Plano Clark, V. L. & Smith, K. C. (2010). Best practices for mixed methods research in the health sciences. *Office of Behavioral and Social Sciences Research (OBSSR)*. Retrieved from: http://obssr.od.nih.gov/mixed_methods_research/

Daniel, L. (2012, June 20). Nine months after repeal, gay troops slowly come out. American Forces Press Service. Retrieved from http://www.defense.gov/news/newsarticle.aspx?id=116825

Demers, A. L. (2013). From death of life: female veterans, identity negotiation, and reintegration into society. *Journal of Humanistic Psychology, 53*(4), 489-515. doi: 10.1177/0022167812472395

Department of Defense. (2013). Military deployment guide preparing you and your family for the road ahead. Retrieved from http://www.militaryonesource.mil/12038/Project%20Documents/MilitaryHOMEFRONT/Service%20Providers/Deployment/DeploymentGuide.pdf

Department of Veterans Affairs. (2014, September 2). Women veteran health care facts and statistics about women veterans health. Retrieved from http://www.womenshealth.va.gov/

Department of Veterans Affairs. (2014, April 8). Lesbian, Gay, Bisexual, and Transgender Individuals. Retrieved from http://www.hines.va.gov/services/LGBTQV.asp

Department of Veterans Affairs. (2014, March 21). Lesbian, Gay, BiSexual and Transgender (LGBTQ) Program. Retrieved from http://www.paloalto.va.gov/services/LGBTQ.asp

Department of Veterans Affairs (2014, October 29). Veterans health administration. Retrieved from http://www.va.gov/health/aboutVHA.asp

Department of Veterans Affairs. (2014, April 8). Returning service members (OEF/OIF/OND). Retrieved from http://www.oefoif.va.gov/whatcanvadoforme.asp

Department of Veteran Affairs (2014, February 20). Increase in VA health care use by women veterans of OEF/OIF/OND. Public Health. Retrieved from http://www.publichealth.va.gov/epidemiology/reports/oefoifond/health-care-utilization/women-veterans.asp

Disabled American Veterans. (n.d.). Women veterans: the long journey home. Retrieved from: http://www.dav.org/wp-content/uploads/women-veterans-study.pdf

Doyle, M. E. & Peterson, K. A. (2005). Re-entry and reintegration: Returning home after combat. *Psychiatric Quarterly, 76*(4), 361-370, doi:10.1007/s11126-005-4972-z

Dunlap, A. (2014). Coming-out narratives across generations. *Journal of Gay and Lesbian Social Services. 26*, 318-335, doi:10.1080/10538720.2014.924460

Frank, N. (2004). Gays and lesbians at war: military service in Iraq and Afghanistan under "don't ask,don't tell". Center for the Study of Sexual Minorities in the Military. Retrieved from http://www.palmcenter.org/system/files/Frank091504_GaysAtWar.pdf

Frayne, S. M., Phibbs, C. S., Saechao, F., Maisel, N. C., Friedman, S. A., FInlay, A., Berg, E. Balasubramanian, V., Dally, S. D. Ananth, L., Romodan, Y., Lee, J., Iqbal, S., Hayes, P. M.., Zephyrin, L., Whitehead, A., Torgal, A., Katon, J. G., & Haskell, S. (2014). Sourcebook: Women Veterans in the Veterans Health Administration. Volume 3. Sociodemographics, Utlization, Costs of Care, and Health Profile.

Women's Health Evaluation Initiative, Women's Health services, Veterans Health Administration, Department of Veterans Affairs, Washington, DC. Retrieved from http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2455

Fontana, A., Rosenheck, R., & Desai R. (2010). Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: comparison with Male veterans and female war zone veterans of previous eras. *Journal of Women's Health, 19*(4), 751-757, doi: 10.1089/jwh.2009.1389

Gates, G. (2010). *Lesbian, gay, and bisexual men and women in the US military: updated estimates.* The Williams Institute. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-GLBmilitaryUpdate-May-20101.pdf

Goldzweig, C. L., Balekian, T. M., & Shekelle, P. G. (2006). The state of women veterans' health research. *Journal of Internal Medicine, 21*(3), S82-S92, Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1513165/

Health Services Research and Development. (2014, January 20). Spotlight on research into women veterans health. Department of Veterans Affairs. Retrieved from http://www.hsrd.research.va.gov/news/feature/womens_health1012.cfm

Hutchinson, E. (2011). *Dimensions of human behavior: Person and environment. United States*, United Kingdom, India, and Singapore: SAGE Publications, Inc.

Institute of Medicine. (2011, March 31). The health of Lesbian, Gay, Bisexual, and Transgender people: Building a foundation for better understanding. National Academies Press. Retrieved from http://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx

Institute of Medicine. (2013, March 26). Returning home from Iraq and Afghanistan assessment of readjustment needs of veterans, service members, and their families. National Academies Press. Retrieved from http://www.iom.edu/~/media/Files/Report%20Files/2013/Returning-Home-Iraq-Afghanistan/Returning-Home-Iraq-Afghanistan-RB.pdf

Kapp, L., & Salzar Torreon, B. (2013). Reserve component personnel issues: questions and answers. Congressional Research Service. Retrieved from http://fas.org/sgp/crs/natsec/RL30802.pdf

Kelly, P. J., LaVerne, A. B., & Nilsson, J. E. (2014). Postdeployment reintegration experiences of female soldiers from National Guard and reserve units in the United States. *Nursing Research, 63*(5), 346-356. doi: 10.1097/NNR.0000000000000051

Klapper, E. (2013, July 19). On this day in 1993, Bill Clinton announced 'Don't Ask Don't Tell'. *Huffington Post.* http://www.huffingtonpost.com/2013/07/19/bill-clinton-dont-ask-dont-tell_n_3623245.html

Lambda Legal. (n.d.) Disclosing your sexual orientation or gender identity to healthcare providers: the effect of new HIPPA regulations. Retrieved from http://www.lambdalegal.org/publications/disclosing-your-sexual-orientation-or-gender-identity-to-healthcare-providers-the-effect-of-new-hipaa-regulations

Lane, M. E., Hourani, L. L., Bray, R.M., & Williams, J. (2012). Prevalence of perceived stress and mental health indicators among reserve-component and active-duty military personnel. *American Journal of Public Health, 102*(6), 1213-1220, doi: 10.2105/AJPH.2011.300280

Lehavot, K. & Simpson, T. L. (2014). Trauma, posttraumatic stress disorder, and depression among sexual minority and heterosexual women veterans. *Journal of Counseling Psychology, 61*(3), 392-403. doi: 10.1037/cou0000019

Maguen, S., Luxton, D. D., Skopp, N. A., & Madden, E. (2012). Gender differences in traumatic experiences and mental health in active duty soldiers redeployed from Iraq and Afghanistan. *Journal of Psychiatric Research, 46,* 311-316. doi:10.1016/j.jpsychires.2011.11.007

Manning, L. (2013 February) Women in the military where they stand. Women's research and Education Institute.

Mattocks, K. M., Haskell, S. G., Krebs, E. E., Justice, A. C., Yano, E. M. & Brandt, C. (2012). Women at war: understanding how women veterans cope with combat and military sexual trauma. *Social Science and Medicine, 74*, 537-545. doi: 10.1016/j.socscrimed.2011.10.039

Monette, D. R., Sullivan, T. J., & DeJong, C. R. (2011). *Applied social research: A tool for the human services*. Belmont, California: Brooks/Cole, Cengage Learning.

Moradi, B. & Miller, L. (2010). Attitudes of Iraq and Afghanistan war veterans toward gay and lesbian service members. *Armed Forces and Society, 36*(3), 397-419, doi: 10.1177/0095327X09352960

National Center for PTSD. (2012). Veterans Employment Toolkit. Department of Veterans Affairs. Retrieved from http://www.va.gov/vetsinworkplace/docs/em_activeReserve.html

National Center for Veteran Analysis and Statistics. (2013 April). Veteran population projections: FY 2010 to FY 2040. Office of the Actuary. Department of Veterans Affairs. Retrieved from http://www.va.gov/vetdata/veteran_population.asp

Office of Actuary. Veteran population projection model. Department of Veterans Affairs. Retrieved from: http://www.va.gov/vetdata/docs/QuickFacts/population_quickfacts.pdf

Office of Health Equity. (2013). Lesbian, gay, bisexual and transgender (LGBTQ) veterans internal health care fact sheet. Department of Veteran Affairs. Retrieved from: http://www.LGBTQhealtheducation.org/wp-content/uploads/VHA-LGBTQ-VETERANS-INTERNAL-HEALTH-CARE-FACT-SHEET.pdf

Owens, G. P., Herrera, C. J., & Whitesell, A. A. (2009). A preliminary investigation of mental health needs and barriers to mental health care for female veterans of Iraq and Afghanistan. *Traumatology, 15*(2), 31-37. doi: 10.1177/1534765609336361

Patten, E. & Parker, K. (2011). Women in the U.S. Military: growing share, distinctive profile. PewResearch. Retrieved from http://www.pewsocialtrends.org/2011/12/22/women-in-the-u-s-military-growing-share-distinctive-profile/?src=prc-number

PBS (n.d.) Milestones in the American gay rights movement. Retrieved from http://www.pbs.org/wgbh/americanexperience/features/timeline/stonewall/

Pension, Compensation, and Dependency and Indemnity Compensation, 38 C.F.R. § 3.1 (2014).

PewResearchCenter. (2012, February 10). Exposure to combat rises for women in the military. Retrieved from http://www.pewresearch.org/

Rand Corporation. (2013). Reintegration after deployment supporting citizen warriors and their families. Retrieved from http://www.rand.org/content/dam/rand/pubs/research_briefs/RB9700/RB9730/RAND_RB9730.pdf

Rivers, F. M., Gordon, S., Speraw, S., & Reese, S. (2013). U.S. army nurses' reintegration and homecoming experiences after Iraq and Afghanistan. *Military Medicine, 178*(2), 166-173. doi: 10.7205/MILMED-D-12-00279

Sherman, M. D., Kauth, M. R., Shipherd, J. C., & Street, R. L. (2014). Communication between VA providers and sexual and gender minority veterans: a pilot study. *Psychological Services, 11*(2), 235-242. doi: 10.1037/a0035840

Simpson, T. L., Balsam, K. F., Cochran, B. N., Lehavot, K., & Gold, S. D. (2013). Veterans administration health care utilization among sexual minority veterans. *Psychological services, 10(2),* 223-232. doi: 10.1037/a0031281

Street, A.E., Vogt, D., & Dutra, L. (2009). A new generation of women veterans: stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review, 29,* 685-694. doi:10.1016/j.cpr.2009.08.007

Tan, M. (2012, May 2). Women in combat: Army to open 14K jobs, 6 MOSs. Army Times. Retrieved from http://archive.armytimes.com/article/20120502/NEWS/205020312/Women-combat-Army-open-14K-jobs-6-MOSs

Tanielian, T. & Jaycox, L. H. (2008). *Invisible wounds of war*. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf

The Washington Post. (2010). A history of don't ask don't tell. http://www.washingtonpost.com/wp-srv/special/politics/dont-ask-dont-tell-timeline/

Uniform Code of Military Justice. (2015). Retrieved from: http://www.ucmj.us/

U.S. Department of Labor. (2014 August). The employment situation. Retrieved from http://www.bls.gov/news.release/pdf/empsit.pdf

Vogt, D., Glickman, M. E., Vaughn, R., & Schultz, M. (2011). Gender differences in combat-related stressors and their association with postdeployment mental health in a nationally representative sample of U.S. OEF/OIF veterans. *Journal of Abnormal Psychology, 120*(4), 797-806, doi:10.1037/a0023452

Williams, K. M. (2014, May 4). Women writing war: a list of essential contemporary war literature by women. Los Angels Review of Books. Retrieved from http://www.rand.org/blog/2014/05/women-writing-war-a-list-of-essential-contemporary.html

Women in Military Service for America Memorial Foundation, Inc. (2011). Statistics on women in the military. Retrieved from http://www.womensmemorial.org/PDFs/StatsonWIM.pdf

Yano, E. M., Hayes, P., Wright, S., Schnurr, P. P., Lipson, L., Bean-Mayberry, B., & Washington, D. L. (2009). Integration of women veterans into VA quality improvement research efforts: what researchers need to know. *Journal of General Internal Medicine, 1*, 56 - 61. doi; 10.1007/s11606-009-1116-4

Appendix A

Recruitment Post

Are you or do you know a female service member who identifies with the LGBTQ community?

Are you interested in sharing your reintegration experiences as a female veteran of a Post 9/11 war who identifies with the LGBTQ community?
If so, you are invited to participate in this study.

Interested in participating? It only takes 15 to 20 minutes and, upon completion, you can chose to be entered into a drawing for a $25 Amazon gift card.
For additional information, go to:
_____

Know someone else who might be interested? Please share this posting.

Inclusion Criteria: 1) female who served in the United States Armed Forces; **2)** female who deployed to a Post 9/11 war; **3)** female who identifies with the LGBTQ community; **4)** female who is at least 18 years of age

This study will be conducted by Jennifer Evans, a graduate student at St. Catherine University/University of St. Thomas Master of Social Work Program. Please contact me by phone at XXX-XXX-XXXX or by e-mail at _____ with questions or for additional information.

Appendix B

CONSENT FORM
UNIVERSITY OF ST. THOMAS

Does Identification with the LGBTQ Community Impact Reintegration Experiences?
Female Service Members' Perspectives

My name is Jennifer Evans and I am a graduate student at St. Catherine University/University of St. Thomas conducting a study under the supervision of Dr. Kari Fletcher. The purpose of this study is to examine the reintegration experiences of female veterans who identify as part of the LGBTQ community following deployment to post-9/11 wars. Information gathered will help to identify the barriers sexual minority female veterans face during reintegration and inform best practices for supporting this unique population.

I hope you will considering completing a survey that explores Post 9/11 reintegration experiences of female service members who identify as part of the LGBTQ community. You were selected as a possible participant because you are a current or past service member of the United States Armed Forces; identify as a female (biologically or by identification); identify as part of the LGBTQ community; and have served in a Post 9/11 war.

Background Information:
The purpose of this study is to explore the reintegration experiences of female service members who identify as part of the LGBTQ community following deployment to a Post 9/11 war.

Procedures:
If you agree to be in this study, I will ask you to do the following things: Complete an online mixed methods survey regarding reintegration experiences following deployment to a Post 9/11 war. The survey will be provided using Qualtrics, provided by the University of St. Thomas. The anticipated time commitment is from 5 to 20 minutes.

Risk and Benefits of Being in the Study:
The study has some potential risks. The survey asks for information related to sensitive and personal experiences. To reduce the level of risk, questions have been reviewed by a committee of masters level social workers who are content experts regarding the military population. However, questions may still elicit strong emotions for participations. Participants are encouraged to leave any questions they feel uncomfortable answering blank and have the ability to end the survey at any time. A list of resources will be provided at the end of the survey for those in need of support. There will be no compensation for formal treatment, so you or a third party will be responsible for payment.

The benefit of participation is furthering the understanding of reintegration experiences for both the civilian and military population.

Compensation
You will also be provided with the option to enter a drawing for a $25 Amazon gift card upon completion of the survey.

Confidentiality:
The records of this study will be kept confidential. In any report I publish, I will not include information that will make it possible to identify you in any way. The types of records I create will include computer records which will be stored on my computer in a password protected file. Any paper documents created will be kept in my home in a locked filing cabinet which only I have access to. The documents will be destroyed three years after the clinical presentation date of May 18, 2015 to allow time for embargo to occur.

Voluntary Nature of the Study:
Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with personnel involved at St. Catherine University or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time. Should you decide to withdraw, data collected about you will not be used. You are free to skip any question I may ask.

Contacts and Questions
My name is Jennifer Evans. You may ask any questions you have by contacting me at XXX-XXX-XXXX. An additional contact is my advisor, Kari L. Fletcher, PhD, LICSW, at XXX-XXX-XXXX. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You can print this form for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction. I consent to participation in the study. I am a female veteran of a Post 9/11 war who identifies as lesbian, bisexual, or transgender.

By selecting "I agree", you are indicating that you consent to participate in the study.

Thank you,
Jennifer Evans

Appendix C

Supportive Resources for Survey Participants

Thank you for the time and consideration you applied to the completion of this survey. Please feel free to use and share these counseling resources. If you are experiencing emotional distress or would like to talk to someone, please consider utilizing these available resources. Thank you for your service.

Veterans Crisis Line

The Veterans Crisis Line provides free and confidential support 24 hours a day, 7 days a week, 365 days a year. For support please contact this support by:

Phone 1-800-273-8255 and Press 1

Chat online at VeteransCrisisLine.net

Send a text message to 838255

Military One Source

Military OneSource is available to veterans, family, and friends for support. For support please:

Visit the Military Crisis Line online at http://www.militaryonesource.mil/crisis-prevention

Call 1-800-273-8255

Gay, Lesbian, Bisexual, and Transgender (GLBT) National Hotline

The Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline provides free and confidential services as well as factual information and local resources for cities and towns across the United States. For support please:
Call Toll-free 1-888-THE-GLNH (1-888-843-4564)
Use http://www.glbtnationalhelpcenter.org/hotline/index.html for online private one-to-one chat and a database of resources within your area or email: help@GLBThotline.org
HOURS:
Monday thru Friday from 1pm to 9pm, *pacific time*
Saturday from 9am to 2pm, *pacific time*

IM Alive

IM Alive provides support from trained and certified volunteers in crisis intervention. For support please:
Call: 202-535-3200
For online chat, visit the website: www.imalive.org

Appendix D
Survey Regarding Reintegration Experiences of Female Service Members who Identify with the LGBTQ Community

Eligibility Criteria:

1) **I am currently or have previously been a member of the United States Armed Forces**:
A) Yes
B) No

2) I have deployed since 9/11 in support of Operation Enduring Freedom (Afghanistan/Pakistan from October 7, 2001 to present date), Operation Iraqi Freedom (Iraq between October 7, 2001 through August 31, 2010), or Operation New Dawn (Iraq between September 1, 2010 through December 15, 2011)?
A) Yes
B) No

3) I identify as female (biologically or by identification):
A) Yes
B) No

4) I identify as part of the LGBTQ community (lesbian, gay, bisexual, transgender, queer, etc.):
A) Yes
B) No

Welcome! Thank you for participating in my research study regarding the reintegration experiences of female veterans who identify as part of the GLBTQ community. I am interested in learning more about your how your identification as part of the GLBTQ community has factored into your life experiences post-deployment. Your participation is voluntary and you may quit the survey at any point in time. You are also able to skip any questions you are uncomfortable answering. A list of available resources provided at the end of the survey. Thank you for your participation!

Demographic Questions

1) What is your current age?
A) 18 - 20
B) 21 - 25
C) 26 - 30
D) 31 - 35
E) 36 - 40
F) 41 - 45

G) 45 - 50
H) 51 - 55
I) 56 - 60
J) 61+

2) How would you describe your race/ethnicity?
A) White (non-hispanic)
B) Black/African American
C) Native American/American Indian or Alaskan Native
D) Native Hawaiian/Other Pacific Islander
E) Hispanic/Latino
F) I do not identify with any of these, I identify as:_____

3) What is the highest level of education you completed?
A) High school graduate
B) Some college
C) Vocational training
D) College graduate
E) Some postgraduate work
F) Postgraduate degree

4) I identify as:

A) Lesbian	Yes	No	
B) Gay	Yes	No	
C) Bisexual	Yes	No	
D) Transgender	Yes	No	
E) Queer	Yes	No	
F) Other	Yes	No	Please Describe:

5) In general, how you would describe your identification as part of the LGBTQ community?

Military Related Questions

6) Which service components did you serve in?

A) Active duty	yes	no
B) United States Reserves	yes	no
C) National Guard	yes	no

7) What component status are you currently a part of?
A) Active duty
B) United States Reserve
C) National Guard
D) Veteran

8) While in the military, how you would describe your identification as part of the LGBTQ community?

Deployment Specific Questions

9) How many deployments have you deployed in support of?

10) Which of the following operations did you deploy in support of? (Select yes or no for each option).

Operation Enduring Freedom
(Afghanistan/Pakistan October 7, 2001 to present) Yes
No

Operation Iraq Freedom
(Iraq between October 7, 2001 to August 31, 2010) Yes
No

Operation New Dawn
(Iraq between September 1, 2010 to December 15, 2011) Yes
No

11) What is the cumulative amount you have spent deployed (including pre-deployment, training, and post-deployment)?

A) 0 to 6 months
B) 7 to 12 months
C) 13 to 24 month
D) 25+ months

Pre-Deployment Question

12) Pre-deployment, how did your identification as a part of the LGBTQ community factor into your life?

During Deployment Question

13) During deployment, how would you describe your identification as a part of the LGBTQ community factor into your life?

Post Deployment Reintegration Questions

14) During reintegration, I faced challenges in the following areas:

Housing
Never, Rarely, Sometimes, Frequently, Very Frequently
Employment
Never, Rarely, Sometimes, Frequently, Very Frequently

Relationships
Never, Rarely, Sometimes, Frequently, Very Frequently
Finances
Never, Rarely, Sometimes, Frequently, Very Frequently
Physical Health
Never, Rarely, Sometimes, Frequently, Very Frequently
Mental Health
Never, Rarely, Sometimes, Frequently, Very Frequently
Substance Abuse
Never, Rarely, Sometimes, Frequently, Very Frequently
Balancing Multiple Roles
Never, Rarely, Sometimes, Frequently, Very Frequently
Education
Never, Rarely, Sometimes, Frequently, Very Frequently

15) During reintegration, I received support from:
Military Peers
Never, Rarely, Sometimes, Frequently, Very Frequently
Military Leadership
Never, Rarely, Sometimes, Frequently, Very Frequently
Military organizations
Never, Rarely, Sometimes, Frequently, Very Frequently
Veterans Health Administration
Never, Rarely, Sometimes, Frequently, Very Frequently
Civilian organizations
Never, Rarely, Sometimes, Frequently, Very Frequently
Civilian healthcare settings
Never, Rarely, Sometimes, Frequently, Very Frequently
Civilian peers
Never, Rarely, Sometimes, Frequently, Very Frequently
Family
Never, Rarely, Sometimes, Frequently, Very Frequently

16) Post-deployment, how did your identification as a part of the LGBTQ community factor into your life?

17) Post-deployment, what has been the most challenging aspect(s) of your life? How does your identification as a part of the LGBTQ community factor into these challenges?

18) Post-deployment, what has been the most rewarding aspect(s) of your life? How does your identification as a part of the LGBTQ community factor into these rewards?

19) Post-deployment, what resources did you utilize to help you readjust? Which of these were helpful? Which were less helpful?

Other

20) Is there any additional information you would like to share about your experience as a female service member who identifies as part of the LGBTQ community?

Appendix E
Introductory Letter

Dear Service Member,

My name is Jennifer Evans, and I am a graduate student in the School of Social Work at St. Catherine University/University of St. Thomas and a female veteran. I am currently conducting my clinical research project as partial fulfillment of my Masters of Social Work degree. I have contacted you because you are a current or past female service member who identifies as part of the LGBTQ community and has served in a Post 9/11 war. I would like to invite you to participate in my survey investigating the challenges female veterans of Post 9/11 wars who identify as part of the GLBTQ community face during reintegration. Your participation will provide valuable insight as well as increase the understanding of the unique reintegration experiences of minority populations within the military.

The survey is completely voluntary and confidential. I will not ask for any information which will identify you as an individual. In exchange for your participation, you will provided with the option to enter a drawing for a $25 Amazon gift card. Prior to beginning to the survey, you will be asked to review and agree to a consent form. You can view the consent form by entering this link:_____ into your web browser or by clicking on it. The consent form goes into more detail about what I am asking of you as a participant. If you do not have any question and would like to participate, please select "yes" and continue on to the survey.

Thank you for your time and consideration. Please do not hesitate to contact me at any point in time, by e-mail at _____ or by phone at XXX-XXX-XXXX.

Sincerely,

Jennifer Evans

Research Advisor:
Kari L. Fletcher, PhD, LICSW